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FACSIMILE TRANSMITTAL

TO:**Name:** Mail Stop AMENDMENT
Art Unit 3772/Examiner Michael Brown**Firm:** U.S. Patent & Trademark Office**Fax No.:** 571-273-8300**Subject:** U.S. Patent Application No. 10/047,545

Gary Karlin Michelson

Filed: January 16, 2002

THREADED FRUSTO-CONICAL INTERBODY**SPINAL FUSION IMPLANTS**

Attorney Docket No. 101.0053-01000

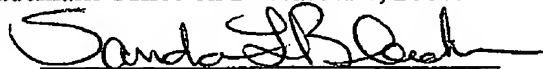
Customer No. 22882

Confirmation No.: 4993

FROM:**Name:** Thomas H. Martin**Phone No.:** 330-877-2277**No. of Pages (including this):** 12**Date:** December 4, 2007**Confirmation Copy to Follow:** NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate) and Supplemental Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on December 4, 2007.



Sandra L. Blackmon

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FORM PTO-1083

DEC 04 2007

Attorney Docket No.: 101.0053-01000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/047,545

Filed: January 16, 2002

For: THREADED FRUSTO-CONICAL

INTERBODY SPINAL FUSION IMPLANTS

Confirmation No.: 4993

Art Unit: 3772

Examiner: Michael Brown

Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

☒ No additional fee is required.☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	39	-	77 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-	5 ***	0	LG=\$210 SM=\$105	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ The total amount of \$*** to cover the above fees is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. **A copy of this sheet is enclosed.**☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: December 4, 2007

By: 

Thomas H. Martin

Registration No. 34,383

1557 Lake O'Pines Street, NE

Hartville, Ohio 44632

Telephone: (330) 877-0700

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Transmittal of Amendment.DOC

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FORM PTO-1083

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Gary K. Michelson

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Attorney Docket No. 101.0053-01000
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In re Application of:)	Confirmation No.: 4993
Gary Karlin Michelson)	
Serial No.: 10/047,545)	Group Art Unit: 3772
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For: THREADED FRUSTO-CONICAL)	
INTERBODY SPINAL FUSION)	
IMPLANTS)	

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

SUPPLEMENTAL AMENDMENT

Further to the Amendment dated October 04, 2007, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

Amendment 12-4-07.doc